Chapter 10

Health Education/risk Reduction Interventions (Group, Individual, and Population Level)

Group Level Interventions

There are two subcategories of Group Level Intervention: Group Risk Reduction Education and Comprehensive Health Programs for Youth

Group Risk Reduction Education

Group Risk Reduction Education (GRRE) provides small groups of individuals at high risk of acquiring or transmitting HIV infection with: educational interventions that promote and reinforce safer behaviors; interpersonal skills training and support in negotiating and maintaining safer sexual and needle-sharing behaviors; emphasis on the relationship between substance use and risky behaviors; educational materials; and referrals to appropriate services.

Goal of the Intervention

GRRE seeks to lower risk behavior among small groups of individuals who are at high risk of acquiring or transmitting HIV infection.

Target Population

Ideally, GRRE occurs in a small-group setting with five to 20 individuals who are at high risk of acquiring or transmitting HIV infection

Cultural competence/proficiency

All providers of GRRE should strive toward proficiency in regard to culture and other aspects of diversity, as measured by an assessment developed in conjunction with the CWT Cultural Competence Committee. See chapter 2 for further information on competence/proficiency regarding culture, disability, and other diversity.

Where Delivered

The locations are convenient and accessible to members of the target group (as determined by formative evaluation).

When Delivered

The meeting times are convenient to members of the target group as determined by formative evaluation.

How Much

Whenever possible, groups should consist of multiple sessions.

Content and Methods Employed

Educational interventions include: the promotion and reinforcement of safer behaviors; interpersonal skills training and support in negotiating and maintaining safer sexual and needle-sharing behaviors; emphasis on the relationship between substance use and risky behaviors; educational materials; and referrals to appropriate services.

Content and methods of delivery may include group discussion, role plays, skill building exercises, games, demonstrations, and appropriate referrals (see #8 under "General Characteristics of Successful HIV Prevention Programs").

The educational methods, content, and length of presentations are appropriate and acceptable to the target audience (as determined through formative evaluation).

Qualifications of People To Do This Work

Providers of GRRE should be able to demonstrate competence in regard to basic HIV facts. Such competence could be demonstrated through training, certification, or other acceptable means.

The educators may be peers or professionals who are competent in regard to culture and other diversity and able to present the materials in an understandable and non-judgmental manner.

Continuing Education/Ongoing Training Requirement

Providers of GRRE must receive at least 8 hours of updated HIV prevention training per year.

Consent/Confidentiality Considerations

Programs must insure confidentiality of program participants. See confidentiality provisions of the Code of Ethics in chapter 4.

Quality Assurance

All providers will provide a system for client feedback; see Chapter 8

Supervisors and project officers should assure the quality of the group instruction and facilitation through periodic observations. Regular meetings should be held among facilitators/instructors and supervisors to discuss relevant issues (successes, problems, barriers, etc.).

Evaluation

Formative, process, and outcome evaluation should be implemented and results should be utilized in the updating of services.

Formative Evaluation Standards:

1. All interventions are expected to utilize formative evaluation methods when developing and revising their interventions.
2. Formative evaluation methods used in intervention development and revision should be listed and briefly described in intervention plans and applicable progress reports submitted to CDPHE.

   Comments: Formative evaluation methods are used in the planning and development phase of an intervention, to learn more about how best to access and influence community members, as well as to "test-out" an intervention, its components, or materials, before full implementation or revision. Examples of formative evaluation methods include interviews and focus groups with members of target populations to better understand risk behaviors and how best to help them to lower risk, pilot tests (rehearsals of workshop activities like role plays, mock interviews, etc.), pre-testing of materials (letting people review drafts of scripts, pamphlets, overheads, or other intervention materials before finalizing them), and focus groups to discuss the best ways to recruit participants and present information.

Process Evaluation Standards

Over the next five years, CDC intends for grantees to have a data collection system in place that enables the collection of all the information presented below. CDPHE recognizes that full implementation will take time and asks that providers make efforts to increase their own capacities to collect these data. For now, providers will be asked to provide as much of this information as possible, moving toward the collection of all information over the next five years.

On CDPHE supplied forms, providers will be asked to provide the following types of information:

b. Agency Identification/Agency Type (CBO, Academic, State/Local Health Dept., etc.)
c. Reporting Month/Year
d. Type of Activity (Outreach, Workshop, etc.)
e. Primary and Secondary Target Populations
f. Setting of Intervention (Street, School, Clinic, etc.)
g. Target Population Demographics
h. Target Population Risk Behaviors
i. Number of Intervention Episodes/Sessions
j. Number of prevention materials distributed by type
k. Numbers of referrals made by type
l. Number of referrals followed-up on (may not be required until 2001)
m. Number of staff implementing intervention (at time of reporting)
n. Budget
o. Expenditures

Outcome Monitoring Standards:

By January 2001, all HE/RR and individual and group level interventions will begin outcome monitoring.

Outcomes measured should reflect specific outcome objectives stated in the intervention plan and when applicable, address the Comprehensive Plan's Indicators.

Outcome Evaluation Standards

See chapter 3 concerning the need for adc onal clarification and funding before this type of evaluation will be conducted in Colorado.

By May 2003, the outcomes of at least one HE/RR individual or group level intervention implemented during the 5-year period will be evaluated and compared to outcomes in a comparison group. Evaluation results will be reported in the 2004 HIV Prevention grant application.

Penalties for Violating Standards

1. Provider staff will meet with the CDPHE to develop a quality improvement action plan for improving performance in specified areas.
2. The provider will be given a probationary period to comply and meet the standard.
3. The provider will be reevaluated by the end of the probationary period.
4. Failure to meet and comply with the standard may result in contract termination.

Other

Programs must include general characteristics of successful HIV prevention programs, especially those described in the behavioral and social science literature.

Providers of GRRE should have protocols in regard to the safety of clients, volunteers, and staff.